

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NEA Advocacy Fund

ADDRESS (number and street)

1201 16th Street NW Suite 418

Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489815

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

DC

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 20 2016

through

M M M / D D D / Y Y Y Y Y Y
11 28 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Edwards, Michael, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Edwards, Michael, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 08 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NEA Advocacy Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 20 2016

To:

 M M / D D / Y Y Y Y Y
 11 28 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		1086504.13
(b) Cash on Hand at Beginning of Reporting Period.....	3745283.33	
(c) Total Receipts (from Line 19)	500000.00	16013457.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4245283.33	17099961.63
7. Total Disbursements (from Line 31).....	3568788.75	16423467.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	676494.58	676494.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	77149.57	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NEA Advocacy Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y
11		28		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

500000.00

16000000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

500000.00

16000000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

13457.50

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

500000.00

16013457.50

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

500000.00

16013457.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

0.00

15513457.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	27074.91	184382.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	27074.91	184382.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1065000.00	6030833.00
24. Independent Expenditures (use Schedule E)	1051360.38	3740151.63
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1425353.46	6468100.01
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3568788.75	16423467.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3568788.75	16423467.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	500000.00	16013457.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	500000.00	16013457.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	27074.91	184382.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	27074.91	184382.41

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. National Education Association

Mailing Address 1201 16th Street NW

City
Washington

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEA

Occupation (for Individual)
Not Applicable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : A2016-2002124

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Per capita dues

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500000.00

500000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 47

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Victoria Research and Consulting

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2016

Mailing Address PO Box 5902

FEC Identification Number

C

Transaction ID : B634531

Amount of Each Disbursement this Period

3000.00

☐ Memo ItemCity
Takoma ParkState
MDZip Code
20913Purpose of Disbursement
Survey Expense

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Full Name (Last, First, Middle Initial)

B. Angle Mastagni Mathews Political Strategies LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

Mailing Address 507 N. Sylvania Ave

FEC Identification Number

C

Transaction ID : B633751

Amount of Each Disbursement this Period

24024.91

☐ Memo ItemCity
Forth WorthState
TXZip Code
76111Purpose of Disbursement
Research - Survey

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

27024.91

TOTAL This Period (last page this line number only)..... ►

27024.91

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. For Our Future

Mailing Address 888 16th ST. NW STE. 650

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0	1	6		

FEC Identification Number

C C00620971

Transaction ID : B633743

Amount of Each Disbursement this Period

190000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Legislative Majority PAC

Mailing Address 1225 Eye St. NW Ste 1250

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

FEC Identification Number

C C00627075

Transaction ID : B635023

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. America Votes Action Fund

Mailing Address 1155 Connecticut Ave NW Ste 600

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	2			2	0	1	6		

FEC Identification Number

C C00492520

Transaction ID : B635211

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

315000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Women Vote!

Mailing Address 1800 M Street, NW, Suite 375N

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	2			2	0	1	6		

FEC Identification Number

C C00473918

Transaction ID : B635212

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Leading Illinois for Tomorrow

Mailing Address 3255 Central St.

City
EvanstonState
ILZip Code
60201Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

FEC Identification Number

C C00625525

Transaction ID : B635019

Amount of Each Disbursement this Period

200000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Senate Majority PAC

Mailing Address 700 13th Street NW Suite 600

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	1	6		

FEC Identification Number

C C00484642

Transaction ID : B635295

Amount of Each Disbursement this Period

500000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

750000.00

1065000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Together for Alaska

Mailing Address 19030 Trail Bay Drive

City
Eagle RiverState
AKZip Code
99577Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C

Transaction ID : B633749

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Arkansans Against Corruption

Mailing Address PO Box 39

City
RussellvilleState
ARZip Code
72811Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2016

FEC Identification Number

C

Transaction ID : B636042

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Americans for Economic Growth

Mailing Address PO Box 35522

City
WashingtonState
DCZip Code
20033Purpose of Disbursement
Non-Profit Organization

012

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2016

FEC Identification Number

C

Transaction ID : B633742

Amount of Each Disbursement this Period

400000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Citizens for Strength and Security

Mailing Address 1718 M Street NW

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Non-Fed Political Org-Natl

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

FEC Identification Number

C

Transaction ID : B635017

Amount of Each Disbursement this Period

75000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Family Values

Mailing Address PO Box 701374

City
LouisvilleState
KYZip Code
40202Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C

Transaction ID : B634526

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. New Media

Mailing Address 1730 Rhode Island Ave NW, Suite 12

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Pandora advertising

011

Category/
Type

Candidate Name

Bullock, Steve, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2016

FEC Identification Number

C

Transaction ID : B632875

Amount of Each Disbursement this Period

22500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

122500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Printing and shipping handbills

011

Category/
Type

Candidate Name

Bullock, Steve, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

C

Transaction ID : B633303

Amount of Each Disbursement this Period

825.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Image Pointe

Mailing Address PO Box 657

City
WaterlooState
IAZip Code
50704Purpose of Disbursement
Sticker

011

Category/
Type

Candidate Name

Bullock, Steve, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

C

Transaction ID : B633740

Amount of Each Disbursement this Period

142.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Image Pointe

Mailing Address PO Box 657

City
WaterlooState
IAZip Code
50704Purpose of Disbursement
T-shirts

011

Category/
Type

Candidate Name

Bullock, Steve, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

C

Transaction ID : B633741

Amount of Each Disbursement this Period

1463.58

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2431.43

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Printing and shipping handbills

011

Category/
Type

Candidate Name

Fox, Tim, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

C

Transaction ID : B633306

Amount of Each Disbursement this Period

45.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Printing and shipping handbills

011

Category/
Type

Candidate Name

Laslovich, Jesse, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

C

Transaction ID : B633307

Amount of Each Disbursement this Period

45.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Printing and shipping handbills

011

Category/
Type

Candidate Name

Lindeen, Monica, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

C

Transaction ID : B633310

Amount of Each Disbursement this Period

45.84

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

137.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Printing and shipping handbills

011

Category/
Type

Candidate Name

McGrath, Mike, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633308

Amount of Each Disbursement this Period

45.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Printing and shipping handbills

011

Category/
Type

Candidate Name

Romano, Melissa, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633304

Amount of Each Disbursement this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Printing and shipping handbills

011

Category/
Type

Candidate Name

Sandefur, Dirk, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633305

Amount of Each Disbursement this Period

45.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

366.66

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Printing and shipping handbills

011

Category/
Type

Candidate Name

Shea, Jim, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

C

Transaction ID : B633309

Amount of Each Disbursement this Period

45.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Montanans for Liberty and Justice

Mailing Address 32 S Ewing Suite 304

City
HelenaState
MTZip Code
59601Purpose of Disbursement
G-2016 Non-Federal PAC MT

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

FEC Identification Number

C

Transaction ID : B634599

Amount of Each Disbursement this Period

75000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Good Jobs Montana

Mailing Address 1633 Main St. Suite A-354

City
BillingsState
MTZip Code
59105Purpose of Disbursement
G-2016 Non-Federal IE Committee MT

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

FEC Identification Number

C

Transaction ID : B634597

Amount of Each Disbursement this Period

50000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125045.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. MEA-MFT Ballot Issue Fund

Mailing Address 1232 E. 6th Avenue

City
HelenaState
MTZip Code
59601Purpose of Disbursement
G-2016 Non-Federal IE Committee MT

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				28				2016					

FEC Identification Number

C

Transaction ID : B634598

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GBI Strategies

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
Canvass Expense

011

Category/
Type

Candidate Name

Bullock, Steve, , ,

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: MT District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				28				2016					

FEC Identification Number

C

Transaction ID : B633840

Amount of Each Disbursement this Period

1590.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. New Media Firm

Mailing Address 1730 Rhode Island Ave NW

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Web advertising

011

Category/
Type

Candidate Name

Bullock, Steve, , ,

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				28				2016					

FEC Identification Number

C

Transaction ID : B634609

Amount of Each Disbursement this Period

22500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

74090.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. GBI Strategies LLC

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
Canvass Expenses

011

Category/
Type

Candidate Name

Fox, Tim, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633295

Amount of Each Disbursement this Period

89.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GBI Strategies LLC

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
Canvass Expenses

011

Category/
Type

Candidate Name

Laslovich, Jesse, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633296

Amount of Each Disbursement this Period

89.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GBI Strategies LLC

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
Canvass Expenses

011

Category/
Type

Candidate Name

Lindeen, Monica, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633301

Amount of Each Disbursement this Period

89.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

267.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. GBI Strategies LLC

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
Canvass Expenses

011

Category/
Type

Candidate Name

McGrath, Mike, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633298

Amount of Each Disbursement this Period

89.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GBI Strategies

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
Canvass Expense

011

Category/
Type

Candidate Name

Romano, Melissa, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633841

Amount of Each Disbursement this Period

531.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GBI Strategies LLC

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
Canvass Expenses

011

Category/
Type

Candidate Name

Sandefur, Dirk, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633294

Amount of Each Disbursement this Period

89.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

709.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. GBI Strategies LLC

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
Canvass Expenses

011

Category/
Type

Candidate Name

Shea, Jim, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633300

Amount of Each Disbursement this Period

89.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. A Better NC

Mailing Address PO Box 745

City
RaleighState
NCZip Code
27602Purpose of Disbursement
Non-Fed Political Org-State

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Not Applicable

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B635026

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. A Better NC

Mailing Address PO Box 745

City
RaleighState
NCZip Code
27602Purpose of Disbursement
Non-Fed Political Org-State

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Not Applicable

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B636043

Amount of Each Disbursement this Period

50000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

150089.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control

Mailing Address 624 Hebron Ave., Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

Chandler, Charlie, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				25				2016					

FEC Identification Number

C

Transaction ID : B632969

Amount of Each Disbursement this Period

7168.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control

Mailing Address 624 Hebron Ave., Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

Gilmour, Peggy, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				25				2016					

FEC Identification Number

C

Transaction ID : B632968

Amount of Each Disbursement this Period

5325.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control

Mailing Address 624 Hebron Ave., Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

Hosmer, Andrew, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				25				2016					

FEC Identification Number

C

Transaction ID : B632970

Amount of Each Disbursement this Period

6039.46

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

18533.91

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control

Mailing Address 624 Hebron Ave., Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

McGilvray, Scott, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				25				2016					

FEC Identification Number

C

Transaction ID : B632971

Amount of Each Disbursement this Period

4932.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Mail advertising

011

Category/
Type

Candidate Name

Van Ostern, Colin, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				25				2016					

FEC Identification Number

C

Transaction ID : B632771

Amount of Each Disbursement this Period

49998.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Mail advertising

011

Category/
Type

Candidate Name

Van Ostern, Colin, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				25				2016					

FEC Identification Number

C

Transaction ID : B632772

Amount of Each Disbursement this Period

49893.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

104824.99

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Mail advertising

011

Category/
Type

Candidate Name

Van Ostern, Colin, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District:

FEC Identification Number

C

Transaction ID : B632773

Amount of Each Disbursement this Period

49797.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2016

Mailing Address 624 Hebron Ave., Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

Garvey, John, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 08

FEC Identification Number

C

Transaction ID : B632990

Amount of Each Disbursement this Period

5403.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Granite State Progress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Mailing Address 4 Park Street Ste 207

City
ConcordState
NHZip Code
03301Purpose of Disbursement
Non-Profit Organization

012

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Not Applicable

FEC Identification Number

C

Transaction ID : B635056

Amount of Each Disbursement this Period

25000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

80200.65

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct mail

011

Category/
Type

Candidate Name

Avard, Kevin, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 12

FEC Identification Number

C

Transaction ID : B635107

Amount of Each Disbursement this Period

4324.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

Avard, Kevin, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 12

FEC Identification Number

C

Transaction ID : B634292

Amount of Each Disbursement this Period

4354.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

Avard, Kevin, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 12

FEC Identification Number

C

Transaction ID : B634291

Amount of Each Disbursement this Period

4402.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

13082.05

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

Duarte, Joe, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

FEC Identification Number

C

Transaction ID : B634293

Amount of Each Disbursement this Period

4901.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

Duarte, Joe, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

FEC Identification Number

C

Transaction ID : B634294

Amount of Each Disbursement this Period

4911.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct mail

011

Category/
Type

Candidate Name

French, Harold, F, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

FEC Identification Number

C

Transaction ID : B635103

Amount of Each Disbursement this Period

4797.45

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

14610.89

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Candidate Name

French, Harold, F, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B634287

Amount of Each Disbursement this Period

4876.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Candidate Name

French, Harold, F, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B634288

Amount of Each Disbursement this Period

4828.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Candidate Name

Guida, Bob, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B634285

Amount of Each Disbursement this Period

5891.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15595.60

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

Guida, Bob, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B634286

Amount of Each Disbursement this Period

5843.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct mail

011

Category/
Type

Candidate Name

Guida, Bob, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B635102

Amount of Each Disbursement this Period

5815.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct mail

011

Category/
Type

Candidate Name

McGilvray, Scott, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B635101

Amount of Each Disbursement this Period

4931.89

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

16590.64

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct mail

011

Category/
Type

Candidate Name

Ward, Ruth, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

FEC Identification Number

C

Transaction ID : B635106

Amount of Each Disbursement this Period

3723.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

Ward, Ruth, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

FEC Identification Number

C

Transaction ID : B634289

Amount of Each Disbursement this Period

3801.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Direct Mail

011

Category/
Type

Candidate Name

Ward, Ruth, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

FEC Identification Number

C

Transaction ID : B634290

Amount of Each Disbursement this Period

3753.65

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

11278.30

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Patriot Majority

Mailing Address P.O. Box 35522

City
WashingtonState
DCZip Code
20033Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : B634527

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patriot Majority New Mexico

Mailing Address P.O. Box 35522

City
WashingtonState
DCZip Code
20033Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633957

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. New Mexico Together

Mailing Address 1412 Lomas NW

City
AlbuquerqueState
NMZip Code
87104Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B635057

Amount of Each Disbursement this Period

25000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

125000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. NEO Philanthropy

Mailing Address 45 W. 36th St.

City
New YorkState
NYZip Code
10018Purpose of Disbursement
Non-Profit Organization

012

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	6		2	0	1	6		

FEC Identification Number

C

Transaction ID : B636041

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Our Vermont

Mailing Address 150 Dorset St. Ste 245 Box 248

City
BurlingtonState
VTZip Code
05403Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	1		2	0	1	6		

FEC Identification Number

C

Transaction ID : B635067

Amount of Each Disbursement this Period

75000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. West Virginia Family Values

Mailing Address PO Box 2845

City
CharlestonState
WVZip Code
25330Purpose of Disbursement
O-2016 State Ind Exp Cmte WV

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	5		2	0	1	6		

FEC Identification Number

C

Transaction ID : B634529

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125000.00

1425353.46

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 30 OF 47

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Gail Gonzales

Nature of Debt (Purpose):

Literature

Mailing Address 313 Bordner Dr.

City

Madison

State

WI

Zip Code

53705

Outstanding Balance Beginning This Period

293.49

Transaction ID : D535601

Amount Incurred This Period

202.44

Payment This Period

0.00

Outstanding Balance at Close of This Period

495.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GBI Strategies LLC

Nature of Debt (Purpose):

Canvassing Expenses

Mailing Address 5809 Fifer Dr.

City

Alexandria

State

VA

Zip Code

22303

Outstanding Balance Beginning This Period

83746.00

Transaction ID : D535602

Amount Incurred This Period

0.00

Payment This Period

35100.00

Outstanding Balance at Close of This Period

48646.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Image Pointe

Nature of Debt (Purpose):

Visibility Materials

Mailing Address PO BOx 657

City

Waterloo

State

IA

Zip Code

50704

Outstanding Balance Beginning This Period

15154.95

Transaction ID : D535603

Amount Incurred This Period

0.00

Payment This Period

15154.95

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

49141.93

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 47

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mission Control Inc.

Nature of Debt (Purpose):
Printing

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033

Outstanding Balance Beginning This Period

87568.45

Transaction ID : D535604

Amount Incurred This Period

0.00

Payment This Period

87568.45

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Education Association

Nature of Debt (Purpose):
Staff time

Mailing Address 1201 16th St. NW

City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

952.50

Transaction ID : D535605

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

952.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ralston Lapp Media

Nature of Debt (Purpose):
Media production

Mailing Address 1054 31st St. NW Ste 430

City
WashingtonState
DCZip Code
20007

Outstanding Balance Beginning This Period

25506.83

Transaction ID : D535606

Amount Incurred This Period

0.00

Payment This Period

2307.37

Outstanding Balance at Close of This Period

23199.46

1) **SUBTOTALS** This Period This Page (optional)..... ►

24151.96

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 47

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Shorr Johnson Magnus Strategic Media

Nature of Debt (Purpose):

Media Production

Mailing Address 100 N. 20th St. Ste 201

City

Philadelphia

State

PA

Zip Code

20007

Outstanding Balance Beginning This Period

1551.27

Transaction ID : D535607

Amount Incurred This Period

0.00

Payment This Period

1551.27

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SKD Knickerbocker

Nature of Debt (Purpose):

Media Production-See Sched E (B631412);
adjusted outstanding balance

Mailing Address 1150 18th St. NW

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

6474.93

Transaction ID : D535608

Amount Incurred This Period

3855.68

Payment This Period

6474.93

Outstanding Balance at Close of This Period

3855.68

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

3855.68

2) TOTALS This Period (last page this line number only)..... ►

77149.57

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

77149.57

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee AL Media LLC			<input type="checkbox"/> Memo Item		
Mailing Address 222 W. Ontario St. Ste 600			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
City Chicago	State IL	Zip Code 60654	Amount 131567.50		
Purpose of Expenditure Digital advertising		Category/Type 004	Transaction ID : B633674 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 145116.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 3050 K St. NW, Ste 800			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
City Washington	State DC	Zip Code 20007	Amount 168518.00		
Purpose of Expenditure Radio Ad		Category/Type 004	Transaction ID : B633739 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		
Name of Federal Candidate: Ayotte, Kelly, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NH		
Calendar Year-To-Date Per Election for Office Sought 1568166.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			300085.50		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edwards, Michael, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee New Media <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016		
Mailing Address 1730 Rhode Island Ave NW, Suite 12			Amount 70000.00		
City Washington	State DC	Zip Code 20036	Transaction ID : B632873		
Purpose of Expenditure On-line advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2016		
Name of Federal Candidate: McGinty, Katie, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 800879.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee New Media <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016		
Mailing Address 1730 Rhode Island Ave NW, Suite 12			Amount 22500.00		
City Washington	State DC	Zip Code 20036	Transaction ID : B632874		
Purpose of Expenditure Pandora advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2016		
Name of Federal Candidate: Juneau, Denise, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought 46081.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			92500.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edwards, Michael, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee SKD Knickerbocker LLC			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 1150 18th St. NW Ste 800			Amount 3855.68		Transaction ID : B633738 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016
City Washington	State DC	Zip Code 20036	Category/ Type 004		
Purpose of Expenditure Radio Ad Production			Name of Federal Candidate: Ayotte, Kelly, , ,		
			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			1568166.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Gail Gonzales			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2016
Mailing Address 313 Bordner Dr.			Amount 202.44		Transaction ID : B633521 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2016
City Madison	State WI	Zip Code 53705	Category/ Type 004		
Purpose of Expenditure Literature			Name of Federal Candidate: Clinton, Hillary, , ,		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			8868.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures					0.00
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Mission Control Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 624 Hebron Ave., Bldg 3			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
City Glastonbury	State CT	Zip Code 06033	Amount 1175.00		
Purpose of Expenditure Printing and shipping of handbill		Category/Type 004	Transaction ID : B632755 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: PA		
Calendar Year-To-Date Per Election for Office Sought 5415.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Mission Control Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 624 Hebron Ave., Bldg 3			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
City Glastonbury	State CT	Zip Code 06033	Amount 1175.00		
Purpose of Expenditure Printing and shipping of handbill		Category/Type 004	Transaction ID : B632756 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: OH		
Calendar Year-To-Date Per Election for Office Sought 22905.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			2350.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edwards, Michael, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489815 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Mission Control Inc.				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 624 Hebron Ave., Bldg 3				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1175.00</div>	
City Glastonbury		State CT	Zip Code 06033	Transaction ID : B632757 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016	
Purpose of Expenditure Printing and shipping of handbill			Category/ Type 004		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,				Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 8065.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Mission Control Inc.				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 624 Hebron Ave., Bldg #				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1175.00</div>	
City Glastonbury		State CT	Zip Code 06033	Transaction ID : B632762 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016	
Purpose of Expenditure Printing and shipping of handbill			Category/ Type 004		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Katie, , ,				Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought 800879.06				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2350.00</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edwards, Michael, , ,</u>				Date MM / DD / YYYY 12 / 08 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Mission Control Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 624 Hebron Ave., Bldg #			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
City Glastonbury		State CT	Zip Code 06033		Amount 1175.00
Purpose of Expenditure Printing and shipping of handbill			Category/Type 004		Transaction ID : B632763 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016
Name of Federal Candidate: Strickland, Ted, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 22905.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Mission Control Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 624 Hebron Ave., Bldg #			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
City Glastonbury		State CT	Zip Code 06033		Amount 1175.00
Purpose of Expenditure Printing and shipping of handbill			Category/Type 004		Transaction ID : B632764 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016
Name of Federal Candidate: Murphy, Patrick, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 8065.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures				2350.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edwards, Michael, , ,</i>			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Image Point			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 657			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
City Waterloo		State IA	Zip Code 50704		Amount 329.15
Purpose of Expenditure Stickers			Category/Type 006		Transaction ID : B632858 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought 145116.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Image Point			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 657			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
City Waterloo		State IA	Zip Code 50704		Amount 236.00
Purpose of Expenditure Visibility materials			Category/Type 006		Transaction ID : B632859 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought 145116.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures				565.15	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Image Point			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 657			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
City Waterloo	State IA	Zip Code 50704	Amount 12983.37		
Purpose of Expenditure Visibility materials		Category/Type 006	Transaction ID : B632860 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 145116.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 3050 K Street NW, Ste 100			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2016		
City Washington	State DC	Zip Code 20007	Amount 549533.00		
Purpose of Expenditure TV Ad buy		Category/Type 004	Transaction ID : B632871 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016		
Name of Federal Candidate: Toomey, Pat, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: PA		
Calendar Year-To-Date Per Election for Office Sought 800879.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			562516.37		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Mission Control Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
Mailing Address 624 Hebron Ave., Bldg 4			Amount 275.00		
City Glastonbury		State CT	Zip Code 06033		Transaction ID : B633274
Purpose of Expenditure Printing and Shipping Handbills		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016	
Name of Federal Candidate: Juneau, Denise, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shorr Johnson Magnus Strategic Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 19 / 2016		
Mailing Address 100 N. 20th St., Ste 201			Amount 1551.27		
City Philadelphia		State PA	Zip Code 19103		Transaction ID : B633014
Purpose of Expenditure Radio ad production		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Name of Federal Candidate: Toomey, Pat, , ,			Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			1826.27		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature			Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Ralston Lapp Media <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
Mailing Address 1054 31st St. NW, Ste 430			Amount 2307.37		
City Washington	State DC	Zip Code 20007	Transaction ID : B633526		
Purpose of Expenditure Radio ad production		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
Name of Federal Candidate: Young, Todd, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IN		
Calendar Year-To-Date Per Election for Office Sought 833216.83			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee New Media Firm <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Mailing Address 1730 Rhode Island Ave. NW			Amount 22500.00		
City Washington	State DC	Zip Code 20036	Transaction ID : B634610		
Purpose of Expenditure Web advertising		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2016		
Name of Federal Candidate: Juneau, Denise, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President State: MT		
Calendar Year-To-Date Per Election for Office Sought 46081.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			24807.37		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edwards, Michael, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee GBI Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 5809 Fifer Dr.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
City Alexandria		State VA	Zip Code 22303		
Purpose of Expenditure Canvass Expense		Category/ Type 004		Amount 4240.00	
Name of Federal Candidate: McGinty, Katie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 800879.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee GBI Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 5809 Fifer Dr.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
City Alexandria		State VA	Zip Code 22303		
Purpose of Expenditure Canvass Expense		Category/ Type 004		Amount 6890.00	
Name of Federal Candidate: Murphy, Patrick, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 8065.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			11130.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee GBI Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 5809 Fifer Dr.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
City Alexandria		State VA	Zip Code 22303		
Purpose of Expenditure Canvass Expense		Category/ Type 004		Amount 531.00	
Name of Federal Candidate: Juneau, Denise, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought 46081.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee GBI Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 5809 Fifer Dr.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
City Alexandria		State VA	Zip Code 22303		
Purpose of Expenditure Canvass Expense		Category/ Type 004		Amount 3184.00	
Name of Federal Candidate: Feingold, Russ, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought 7420.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			3715.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edwards, Michael, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee GBI Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 5809 Fifer Dr.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
City Alexandria		State VA	Zip Code 22303		
Purpose of Expenditure Canvass Expense		Category/ Type 004		Amount 2234.00	
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought 8868.43			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee GBI Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 5809 Fifer Dr.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
City Alexandria		State VA	Zip Code 22303		
Purpose of Expenditure Canvass Expense		Category/ Type 004		Amount 4236.00	
Name of Federal Candidate: Feingold, Russ, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought 7420.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			6470.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item GBI Strategies				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 5809 Fifer Dr.				Amount 4240.00	
City Alexandria		State VA		Zip Code 22303	
Purpose of Expenditure Canvass Expense				Category/Type 004	
Name of Federal Candidate: Clinton, Hillary, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: PA	
Calendar Year-To-Date Per Election for Office Sought 5415.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item GBI Strategies				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 5809 Fifer Dr.				Amount 6890.00	
City Alexandria		State VA		Zip Code 22303	
Purpose of Expenditure Canvass Expense				Category/Type 004	
Name of Federal Candidate: Clinton, Hillary, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: FL	
Calendar Year-To-Date Per Election for Office Sought 8065.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				11130.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature				Date MM / DD / YYYY 12 / 08 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 47
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund			FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee <input type="checkbox"/> Memo Item SKD Knickerbocker			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 07 / 2016	
Mailing Address 1150 18th Street, Ste 800			Amount 6474.93	
City Washington	State DC	Zip Code 20036	Transaction ID : B631412 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2016	
Purpose of Expenditure Radio production: Actual amt of IE rptd 10/7 (est=6747.93)		Category/ Type 004		
Name of Federal Candidate: Ayotte, Kelly, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NH <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 1568166.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Shorr Johnson Magnus Strategic Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2016	
Mailing Address 100 N. 20th St. Ste 201			Amount 23089.79	
City Philadelphia	State PA	Zip Code 19103	Transaction ID : B634154 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2016	
Purpose of Expenditure TV ad production		Category/ Type 004		
Name of Federal Candidate: Toomey, Pat, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 800879.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			29564.72	
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures			1051360.38	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Edwards, Michael, , , Signature			Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	
[Electronically Filed]				